



BOARD OF BARBERING AND COSMETOLOGY
P.O. BOX 944226
SACRAMENTO, CA 94244-2260
GENERAL INFORMATION: (916) 574-7570/FAX: (916) 575-7281
www.barbercosmo.ca.gov



REQUEST FOR CANCELLATION OF AN ESTABLISHMENT LICENSE

Instructions to Licensee:

- Complete this form if you are closing your establishment or are selling your establishment to another individual.
- If you are selling your establishment to another individual, he or she must apply for a new establishment license and submit the appropriate fee.

(Please type or print legibly in ink)

Name of Establishment)		Telephone Number ()
Establishment Address	Street	City State Zip Code
Establishment License Number	License Expiration Date	Date Business Closed
Name of Owner/Corporation		Telephone Number ()
Current Address	Street	City State Zip Code
<p align="center"><i>I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</i></p>		
X _____ Signature of Licensee / Applicant		_____ Date